PX17

PX17 Attachment O

Portions of merchant account applications obtained from office of Lindsey Martinez and Seth Davies



EUREKA PAYMENTS 537 G Street, Suite 201 Eureka, California 95501 Tel: 877-476-0570 Fax: 707-476-0574

NEW ACCOUNT
ADDITIONAL LOCATION
ADDITIONAL ACCOUNT

MERCHANT APPLICATION

Eureka Payments is a registered ISO/MSP

	ww	w.eurekapaymen	ts.com	OWNERSHIP	CHANG	SE .	for We	stamerica Ba	ank, Santa Rosa, CA
OFFICE USE ONLY	10000								
OF 07/24/2012 OF	1701	AND PARTY OF THE P	11 11 11 11 11 11 11 11 11 11 11 11 11		AHAMO	NASHVILLE	BUYPASS	NORTH	PAYMENTECH
BUSINESS INFORMATION									
LEGAL BUSINESS NAME AS IT APPEARS ON TAX RETURN Absolutely	Working	, LLC		DBA (SHOWN ON CARD)	HOLDER ST	TATEMENT) Der	ntal Pro	Global	
MAILING ADDRESS 1810 E Sahara A	PHYSICAL STREET ADD (NO P.O. BOX)	RESS 18	310 E Sa	ahara A	venue S	uite 1535			
Las Vegas	Vegas STATE NV ZP 89104				gas		S		89104
Megan Nosel			7603	FAX#					
EMAL ADDRESS megan@absolutely	WEBSITE ADDRESS W	ww.c	dentalpro	global.c	om				
FEDERAL TAX ID NUMBER (NO DASHES) MUST EXACTLY MATCH TAX RETURN				YEARS IN BUSINESS 1.5 ye	ars SE	ARS OWNED 1.5 y		OF PRIMARY US	S
goods or services provided dental grade	teeth wi	nitening			В	USINESS HOURS 8	-5 STATE OF FORMATIO	n Neva	da
OWNERS OR OFFICERS (TO	tal owners	hip below	must be equ	al to or great	er tha	n 51%)			
NAME (PRINCIPAL 1) Megan Nosel		™ Man	ager	DATE OF BIRTH		SSN			OWNERSHIP % 80
RESIDENCE ADDRESS			TY			STATE	ZIP	-	F OF YEARS 4
US GOVERNMENT ISSUED ID#			EXPIR DATE	ATION		ENSHIP OT U.S.A.	HOME	PHONE #	
NAME (PRINCIPAL 2)		TITLE		DATE OF BIRTH		SSN			OWNERSHIP %
RESIDENCE ADDRESS		Ci	TY			STATE	ZIP		# OF YEARS
US GOVERNMENT ISSUED ID#		STATE ISSUED	EXPIR DATE	ATION	T		HOME	PHONE #	
ERENCES		POR							
Chase		ACCOUNT #			PHONE # •	702-259	9-0796	CONTACT Juli	io Jauregui
Sunshine Health		ACCOUNT #			PHONE #	954-493	-5469	CONTACT Ral	ph Morton
^{TRADE} Verifi		ACCOUNT #			PHONE #	323-297	-5072	CONTACT	ie Spencer-Adams
BUSINESS PROFILE				SALES P	ROFI	LE			
TYPE OF CWNERSHIP Corporation Sole P	roprietor L		LLP Other	MERCHA	NT TY	PE VIS		CARD, DISCO	OVER NETWORK
internet sales	Sector LIN	MCC	_ Other	Retail Restaurant		1217/2015	D SWIPE		0 %
HAVE YOU ACCEPTED CREDIT CARDS BEFORE? If Yes, please attach statements.	UNDER WHAT	Absolutel	y Working	- Lodging MANU/			JALLY KEYED WITH IMPRINT 0 %		
CURRENT/PREVIOUS Select Bank	IF TERMINATED BY	PREVIOUS PROCES		Service MA			L ORDER / TELEPHONE ORDER 0 %		
Has Merchant or any associated Principal disclosed above bankruptcy or been subject to involuntary bankruptcy?		YES, date:		☐ Home Based	Home Based INTERNET			100 %	
REQUESTED PROCESSING				- Canon		тот	(L		100 %
AVERAGE MONTHLY VOLUME \$ 50,000.00	PARAW		\$ 35.0	0		HIGHEST TICKE	\$ 129.9	00	
\$ 50,000.00		,	p 33.0				φ 129.8		
CARD SERVICES REQUES	- I - I - I - I - I - I - I - I - I - I		4.7						
CARD TYPES	_	O ORDER	QUALIFIED RATI		ON FEE	PER-ITEM FEE	_	TIONAL INF	
Visa, MasterCard and Discover Network - CREDIT	✓ Yes	□ No	2.29 %			\$0	-	ange Pass Thre	
Visa. MasterCard and Discover Network – DEBIT	☑ Yes	□ No	2.29 %			\$0		ange Pass Thre	
±tworks (PIN-based)	Yes	□ No	%			\$	DO NO		h Debit Network Fees
American Express	Yes	□ No	Set by Amex	Same as Visa	a/MC	\$			
Wright Express and Voyager Fleet Cards	☐ Yes	□ No	Set by WEX/VOY			\$	The control of the co		Separale Agreement
Electronic Benefits Transfer (EBT)	☐ Yes	☐ No	0.00 %	\$		\$	EBT Require	es an Additional Se	eparate Agreement
/AB_MerchantApp 2012/01r7			Page	1 of 2			Merchant I	nitials: \	

WAB_MerchantApp 2012/01r7

PX17 Attachment O-1



(f) 801.331.8275

Merchant Account Application

Please ensure receipt of the Merchant Agreement Terms & Conditions (6 pages).

OFFICE USE						
Sales Pariner Euroka Payments		Date Submitted				
MCC	Merchant Number					

PRODUCT INFORMATION

Sales Profile (estimate the percentage of sales in each category - must add up to 100%)

					03/20/1.1
BUSIN	ESS INFOR	RMAT	ION		PR
Legal Business Name Bridge Ford, LLC		1	Business fax II)	Ø FKIN ☐ SSN	Description of Product or Service at home teeth whitening
Doing Business As (if different) (displayer BFBLIZZ*WTE8888198114	d on the card	holder.	-	in Business	Sales Profile (estimate the perce
Legal Business Address 871 Coronado Center Dr Si			S y13	s, 2 mos.	Retail (face-to-face) Ecommerce
City	Smre		ZIP		Customer Profile (estimate the per
Henderson	NV		89052		Individual Consumers Bus
Mailing Address (if different)					Do you offer time-extended service
City	State		ΧΦ		Subscriptions, memberships, etc.)? Description of Refund Policy (artach
Website URL					full refund within 30 days
www.blizzardwhiteglobal.co	m				is a fulfillment house or drop shipp
Customer Service Phone Number (888) 849-8114			vice Email Addres		How long after charging the custon Within: ☐ 24 hours ☐ 2 days ☐ 3
Type of Ownership: Sole Proprietor	☐ Partner	ship (2 LLC	☐ Private	CON
Corporation	□ Non-Pr	ofit] Government	☐ Public	Contact Given Name (First Name)
OWNER INFORMA	TION (if p	rivate	ownership)		Emily
Owner Legal Given Names (First and Midd Emily			me (Last Name)		(702) 932-2644
Ownership Percentage Job Title (i	f applicable)				BIL
80 % Manage	<u> </u>				Name on Account
Florne Address			ı	🖸 Own 🗖 Rent	3-1-1-1
City	State		ZIP		Bank Routing Number 107002147
Driver License Number			Driver License S		Name on Card
			Driver License S	inte	Credit Gard Number
Social Security Number		Date	of Birth		
If the ownership interest above is less that	in 51%, a se	cond o	wner's informatio	n is required.	DATA SI
Owner Legal Given Names (First and Midd	Т.		ne (Last Name)		Are card numbers stored or transmit
Ownership Percentage Job Title (if	anninghia				Have you completed a PCI DSS Self
Ownership Percentage Job Title (if	alabineapite)		_		What third-party products and/or systems Terminals, Point of Sale (POS) Systems Verifi Gateway
Home Address			C	Own [] Rent	Troini Cateway
Giy	State		ZIP		
Driver License Number	<u> </u>		Driver Litense St	ate	B/
C. 114					Mission Valley Bank - 9116 Sunk Important Bank Responsibilities: A
Social Security Number		Date	of Birth	J	 Is the only entity approved to ex Must be a principal (signer) to th
PROCESSI	NG INFOR	MATIC	ON.	=	Is responsible for and must prov
Which payment products would you like to	o accept? (ch	neck all	that apply)		4. Is responsible for all funds held i 5. Is responsible for educating Men Regulations with which Merchants
☑ Visa/MC/Discover/Diners/JCB ☐ As			T		Important Merchant Responsibilitie
Anticipated Monthly Volume Highest 50,000.00 \$	Transaction	Amoun 1 29 ,9		39,99	Resure compliance with cardhole Maintain fraud and chargebacks in
las the business accepted credit cards pre	viously? 🗷 🕆	Yes 🗖	No		Review and understand the terms Comply with Visa International Comply
American Dapress Merchant (SIA) Number (it	any) 1981	FNS N	(umber (if any)		The responsibilities listed above do and are provided to ensure the Mer

o 201 i Select Bankcard, LLC. All Rights Reserved.

1	Retail (face-to-face)	Hoomme	100 %	Mail/	Telephone	95	Other	1%	
	Customer Profile (ext	mate the e		enlas is					
1	Customer Profile (estimate the percentage of sales in each category - must add up to 100%) Individual Consumers Businesses Grycenment								
	Individual Consumers 100 % Businesses Greenment 6 Conveniment							%	
	Do you offer time-exte subscriptions, member	nded serv ships, etc.)	ices (warranti ? 🗆 Yes 🗹 N	es, Io	Duration	of exte	nded service (if	any)	
	Description of Refund I full refund within	olicy (attac	h if more space	e is ne	ded)	ol DA	40		
İ	full refund within 30 days of shipment and incl RMA Is a fulfillment house or drop shipper used? ☑ Yes ☐ No								
	How long after charging the customer is the product fulfilled or does the service begin? Within: □ 24 hours □ 2 days □ 3-10 days □ 11-30 days □ 31-90 days □ 90+ days								
1		C	NTACT IN	FORM	ATION			$\overline{}$	
	Contact Given Name (Fi Emily	est Name)			Sumana (1 AcEvoy		nc)		
ļ	Contact Phone Number (702) 932-2644		Connet En			eglob	al.com	$\overline{}$	
(В	LLING INF	ORM	TION			=	
	Name on Account Bridge Ford, LLC		Acet Type		enonal Ci	necking	Personal S	avings	
ľ	Bank Rounng Number	<u> </u>	Ban		ant Numbe		Business S	avings	
Ŀ	107002147			11007	an remnoc	•		- 1	
	Name on Card								
	Credit Gard Number				Credit (ard Ex	piration Date		
(DATA	SECURITY	NFOI	MATION	·		=	
	Are eard numbers stored								
	lave you completed a P	CLOSS Se	If Assessmen	t or au	dit? [] Ye	O No	Don't Kno	W.	
1	What third-party products Terminals, Point of Sale (I Perifi Gateway	and/or sys	ilems do yau e ns, Order Sysi	se to p ems, Si	rocess cred copping Ca	it/debit	cards? (ixample	s are	
Ĉ			BANK DISC	Losu	RE	_		\prec	
1	Mission Valley Bank					352 (t	0 818,394,230	0	
1 4	mportant Bank Respon	sibilities:	A Visa Men	ber:				- 1	
2	. Is the only entity app . Must be a principal (s	roved to e Sencr) to	rxtend accep the Merchan	tance (t 'Aore	of Visa pr	oducis	to a Merchan	4	
3	. Is responsible for and	must pro	wide settlem	ent lu	nds to the	Merch	ant; and	J	
14	3. Is responsible for and must provide settlement funds to the Merchant; and 4. Is responsible for all funds held in reserve that are derived from settlement. 5. Is responsible for educating Merchants on pertinent Visa International Operating								
1	e is responsible for edu legalitions with which	Cating Nie	erchants on p	ocrtine J	nt Visa In	ternati	onal Operatin	8)	
li	mportant Merchant Re	sponsibili	e musi cinii ties:	ny;					
ī	. Rusure compliance w	ith cardho	older data see	curity :	nd storag	e regui	rements		
2	. Maintain fraud and cl	urgeback	s below three	drolds:				- 1.	
4	. Review and understar . Comply with Visa Int	of the terr	ns of the Ma Operation	rchan londs	Agreeme	nt; and)	-	
r	he responsibilities liste	d above d	to not supers	ede te	ons of the	: Merc	hant Agreeme	nt	
	ad an permidud to an a	41 11		1	-1	**		- 1	

MERCHANT	APPLICATION
DIODITY Merchant#_	
PRIORITY Merchant #_	☐ New Location ☐ Additional Location
	Parkway • Suite 155 • Alpharetta, GA 30004 • 1.800.935.5961 www.prioritypaymentsystems.com
	DonateWiseNow ☐ Yes ☐ No
Note: Your Business Legal Name and Tax	ance of the Greenwise GreenSuite and DonateWiseNow Program terms and conditions. ID Number must be entered exactly as it appears on your Income Tax Return or on
your SS4-Employer Identification Number	(EIN) letter to avoid fees and income withholding by the IRS.
Legal Name (as it appears on your income tax return): Indigo Systems, LLC Legal Address:	Name of Account (Doing Business As): Blizzard White Ultra Physical Street Address (No P.O. Box):
8888 Keystone Crossing, Ste. 1300	8888 Keystone Crossing, Ste. 1300
indianapolis, IN 46240	Gilydianapolis, IN 46240 State: Zip:
Phone #: Contact: (317) 575-4125 Rvan Reichenbach	DBA Phone #: (84b) 229 - 2823 (303) 530 -0771
Must Choose One Mailing Address: E-Mail Address:	Website Address:
☐ DBA Address ☐ Legal Address ☐ ryan@blizzardwhiteultra.co Federal Tax # # of Locations Years In Business	mww. blizzardwhiteultra.com Years Owned Business
1 April 2013	April 2013
Place of Legal Formation: Indiana	Country of Primary Business Operations: USA
Bank Reference:	Contact: Phone #:
Great Western Bank • Owners or Officers – Individual Ownership Must be Equal to	Pat Walton (303) 225-7425
Name: Title:	Date of Right: Applicant's SS #: % Equity Ownership:
	80
	State: Zip: # Years: CO 80027 9
US Covernment lesued ID#: Type of ID: Expiration Date:	Country of Citizenship (if not US): Home Phone:
Name: Title:	Date of Birth: Applicant's SS #: % Equity Ownership:
Residence Address: City:	State: Zip: # Years:
US Government Issued ID#: Type of ID: Expiration Date:	Country of Citizenship (if not us): Home Phone:
▶ Business Profile	► Sales Profile
Type of Ownership: Sole Proprietor Assoc/Estates/Trusts Joint Venture	Government Merchant Type: Discover/.Visa/MasterCard Sales Profile
□ Corporation (Privately Traded) □ Corporation (Publicly Traded) □ Medical o	r Legal Corp Retail Be Accurate:
☐ Partnership ☐ Tax Exempt Org ☐ Single Member LLC ☐ Multi Member LLC ☐ Limited Partnership ☐ Political Org ☐ Other	Civic Assoc ☐ Restaurant ☐ Card Swipe %
Type of Goods or Services Sold: teeth whitening C Code:	☐ Lodging Manual Key Entry with Imprint,
Do you currently accept Discover®/Visa/Mastercard? Name of Current Proc	essor: Card Present %
☐ Yes ☐ No (If yes, you should submit 3 current months' statements.) Harris, Wood	D Home Beend
Has Merchant or any associated principal disclosed below filed bankruptcy or been suject to involuntary bankruptcy? Yes Date:	- Other Total = 100 %
▶ Business Trade Suppliers – List Two	
Name: Address:	Contact: Phone #:
Rapid Color Printing 6445 Karms Park Ct, Las Vegas, 649 PSeverly Blvd., Box #310	NV 89118 Kat Cruz (702) 792-6055 Contact: Phone #:
Los Angeles CA 00040	Shane Lynch (323) 655-5789
▶ Merchant Site Survey Report – To Be Completed by Sales	
	re Footage: 0-250 251-500 501-2,000 2,001+
Does the amount of inventory and merchandise on shelves and floor a If No, explain:	opear consistent with this type of business?
The Merchant: Owns Leases the Business Premises	Landlord Name & Phone #:
Further Comments by inspector (Must Complete)	
I hereby verify that this application has been fully completed by merchant	applicant and that I have physically inspected the business premises of
the merchant at this address and the information stated above is true a Verified and Inspected by: Office #: Repre	nd correct to the best of my knowledge and belief. sentitive #: Representative Signature: Date:
X	X
White Copy – Bank •	

White Copy – Bank • Pink Copy – Merchant

Priority Holdings LLC wholly owns Priority Payment Systems LLC (a registered ISO of Wells Fargo Bank N.A., Page 1 of 11

Walnut Creek, CA and Synovus Bank, Columbus, GA) and Cynergy Data, LLC (a registered ISO of BMO Harris Bank N.A., Buffalo Grove, IL).

MERCHAN	T APPLICATION								
Merchant #									
□ New Location □ Additional Location									
CardFlex	Cand Flex 2900 Bristol Street • F-201 • Costa Mesa, CA 92626 Tel: 866.634.3044								
Marchant Accents		.cardflexnow.co							
By checking yes and signing this application and agreement, you ind	cate your acceptance of the	Greenwise GreenSuite or	ui Donotalitication	Program terms and conditions.					
Business Information Business Information Wole: Your Business Legal Name and Tyour SS4-Employer Identification Numb Legal Name (as it appears on your income tax return):	er (EIN) letter to avoic fe	tes and income withho Tt (Doing Business As	iding by the IRS	соме нах каши огол 5.					
Doing What's Possible, LLC Legal Address:	Smile Vitalize	Online							
701 North Green Valley Parkway, Ste 200	701 North Gre	Address (No P.O. Bo een Valley Park)	x): way, Ste 20	Ю					
City: State: Zip: Henderson NV 89074	City: Henderson		Stat	e: Zip: NV 89074					
Phone #: Contact: (702) 990-3225 Taree Dobie	DBA Phone #: (800) 627-		ax #: 303) 53	0-0774					
Must Choose One Mailing Address: E-Mail Address:	Mobeito Addross	3:	000 / 000	0-0774					
Federal Tax # # of Locations Years In Business	Years Owned B	usiness							
Place of Legal Formation:	Country of Prim	3. ary Business Oper	-						
Nevada Bank Reference:	USA								
First Bank			#:) 530 - 100	0					
► Owners or Officers – Individual Ownership Must be Equal Name:	to or Greater than Date of Birth:		ant's SS#:	9/ Fault Oursell					
1. Taree Dobie Manager	Dake of Billin.		ants 55 #.	% Equity Ownership: 80					
		State:	Zin:	# Years: 7					
US Government Issued ID#: Type of ID: Expiration Date	Country of Cit	izenship (it not US):	Home f	hone:					
Name: Title:	Date of Birth:			% Facility O					
	Date of billin:	Applic	ants SS #:	% Equity Ownership:					
2. Residence Address: City:	Date of Birth:	Applic State:	Zip:	# Years:					
2. Residence Address: City: US Government Issued ID#: Type of ID: Expiration Date				#Years:					
2. Residence Address: City: US Government Issued ID#: Type of ID: Expiration Date mm/dd/yyyy > Business Profile	: Country of Cit	State:	Zip: Home F	#Years:					
2. Residence Address: City: US Government Issued ID#: Type of ID: Expiration Date mm/dd/yyyy > Business Profile Type of Ownership: Q Sole Proprietor Q Assoc/Estates/Trusts Q Joint Venture	Country of Cit	State: izenship (if not Us): Sales Profi Merchant Type:	Zip: Home F (#Years:					
2. Residence Address: City: US Government Issued ID#: Type of ID: Expiration Date mm/dd/yyyy > Business Profile Type of Ownership: Sole Proprietor Assoc/Estates/Trusts Joint Venture Corporation (Privately Traded) Corporation (Publicly Traded) Medica Partnership Tax Exempt Org Single Member LLC Multi Member I	Country of Cit	State: izenship (if not Us): Sales Profi Merchant Type: Retail	Zip: Home F (Discover/.Visa Be Accurate;	# Years: Phone:) /MasterCard Sales Profile					
2. Residence Address: City: US Government Issued ID#: Type of ID: Expiration Date mm/dd/yyyy > Business Profile Type of Ownership:	Country of Cit	State: izenship (if not Us): Sales Profi Merchant Type:	Zip: Home F (C Discover/.Visa Be Accurate: Card Swipe	# Years: Phone:)					
2. Residence Address: City: US Government Issued ID#: Type of ID: Expiration Date mm/dd/yyyy ▶ Business Profile Type of Ownership: □ Sole Proprietor □ Assoc/Estates/Trusts □ Joint Ventur □ Corporation (Privately Traded) □ Corporation (Publicly Traded) □ Medica □ Partnership □ Tax Exempt Org ☑ Single Member LLC □ Multi Member I□ □ Limited Partnership □ Political Org □ Other Type of Goods or Services Sold: SIC Code: teath whitening Do you currently accept Discover®/visa/Mastercard? Name of Current P	Country of Cit	State: izenship (if not US): Sales Profi Merchant Type: Retail Restaurant Lodging Service	Zip: Home F (C Discover/.Visa Be Accurate: Card Swipe	# Years: Phone:) /MasterCard Sales Profile %					
2. Residence Address: City: US Government Issued ID#: Type of ID: Expiration Date mm/dd/yyyy > Business Profile Type of Ownership: Sole Proprietor Assoc/Estates/Trusts Joint Venture Corporation (Privately Traded) Corporation (Publicly Traded) Medical Partnership Tax Exempt Org Single Member LLC Multi Member I Limited Partnership Political Org Other Type of Goods or Services Sold: SIC Code: Venture Wisa/Mastercard? Name of Current Political Org Other Type of Goods or Services Sold: SIC Code: Venture	Country of Cit	State: izenship (if not US): Sales Profi Merchant Type: Retail Restaurant Lodging	Zip: Home F (Discover/.Vise Be Accurate; Card Swipe Manual Key Ei Card Present Meil Order/Tele	# Years: Phone:) /MasterCard Sales Profile % ntry with Imprint, % ephone %					
2. Residence Address: City: US Government Issued ID#: Type of ID: Expiration Date mm/dd/yyyy ▶ Business Profile Type of Ownership: □ Sole Proprietor □ Assoc/Estates/Trusts □ Joint Ventur □ Corporation (Privately Traded) □ Corporation (Publicly Traded) □ Medica □ Partnership □ Tax Exempt Org ☑ Single Member LLC □ Multi Member I□ Limited Partnership □ Political Org □ Other Type of Goods or Services Sold: SIC Code: teath whitening □ you currently accept Discover®/visa/Mastercard? Name of Current P□ Yes ☑ No Name of Current P□ Has Merchant or any associated principal disclosed below filed □ Yes □ Date: □ bankruptcy or been suject to Involuntary benkruptcy? ☑ No	Country of Cit	State: izenship (if not US): Sales Profi Merchant Type: Retail Restaurant Lodging Service Internet	Zip: Home F { Discover/.Visa Be Accurate; Card Swipe Manual Key Ei Card Present	# Years: Phone:) //MasterCard Sales Profile % ntry with Imprint, %					
2. Residence Address: City: US Government Issued ID#: Type of ID: Expiration Date mm/dd/yyyy Business Profile Type of Ownership: Sole Proprietor Assoc/Estates/Trusts Joint Venture Corporation (Privately Traded) Corporation (Publicly Traded) Medica Partnership Tax Exempt Org Single Member LLC Multi Member I Compared to Partnership Political Org Other Type of Goods or Services Sold: SIC Code: teeth whitening Do you currently accept Discover@/Visa/Mastercard? Yes No (If yet, you should submit 3 current conorther statements.) Has Merchant or any associated principal disclosed below filed Yes Date: bankruptcy or been suject to Involuntary bankruptcy? No	Country of Cit	State: izenship (if not US): Sales Profi Merchant Type: Retail Restaurant Lodging Service Internet Home Based	Zip: Home F (Discover/.Vise Be Accurate; Card Swipe Manual Key Ei Card Present Mail Order/Tele Internet	#Years: Phone:) /MasterCard Sales Profile % ntry with Imprint, % ephone % 100 %					
2. Residence Address: City: US Government Issued ID#: Type of ID: Expiration Date mm/dd/yyyy Business Profile Type of Ownership:	Country of Cit	State: izenship (if not US): Sales Profi Merchant Type: Retail Restaurant Lodging Service Internet Home Based Other	Zip: Home F (Discover/.Visa Be Accurate; Card Swipo Manual Key E: Card Present Mail Order/Tele Internet Total =	#Years: Phone:) /MasterCard Sales Profile % ntry with Imprint, % ephone 100 % 100 %					
2. Residence Address: City: US Government Issued ID#: Type of ID: Expiration Date mrn/dd/yyyy Business Profile Type of Ownership: Sole Proprietor Assoc/Estates/Trusts Joint Ventur Corporation (Privately Traded) Corporation (Publicly Traded) Medical Partnership Tax Exempt Org Single Member LLC Multi Member I Limited Partnership Political Org Other Type of Goods or Services Sold: SIC Code: teeth whitening Do you currently accept Discover®/Niss/Mastercard? Name of Current P Yes No If yes, you should submit a current months' statements. Has Merchant or any associated principal disclosed below filed Yes Date: bankruptcy or been suject to Involuntary bankruptcy? No Business Trade Suppliers — List Two Name: Address: Rapid Color Printing 6445 Karms Park Ct, Las Vegas Name: Address:	Contact: Kat Cruz	State: izenship (if not US): Sales Profi Merchant Type: Retail Restaurant Lodging Service Internet Home Based Other	Zip: Home F (Card Swipe Manual Key Ei Card Present Mail Order/Tele Internet Total =	#Years: Phone:) //MasterCard Sales Profile //MasterCar					
2. Residence Address: City: US Government Issued ID#: Type of ID: Expiration Date mrn/dd/yyyy Business Profile Type of Ownership: Sole Proprietor Assoc/Estates/Trusts Joint Ventur Corporation (Privately Traded) Corporation (Publicly Traded) Medical Partnership Tax Exempt Org Single Member LLC Multi Member I Limited Partnership Political Org Other Type of Goods or Services Sold: SIC Code: teath whittening Do you currently accept Discover@Nisa/Mastercard? Name of Current P Yes A No (Ityes, you should submit 3 current months' statements) Has Merchant or any associated principal disclosed below filed Yes Date: bankruptcy or been suject to Involuntary bankruptcy? > Business Trade Suppliers — List Two Name: Address: Rapid Color Printing 6445 Karms Park Ct, Las Vegas Name: Address: Verifi 8391 Beverly Blvd., Box #310, LA, CA > Merchant Site Survey Report — To Be Completed by Sal	Country of Cit Government or Legal Corp LC Civic Assoc Contact: Kat Cruz Contact: Shane Lynch as Representative	State: izenship (if not US): Sales Profi Merchant Type: Retail Restaurant Lodging Service Internet Home Based Other Pho (70 Pho (32	Zip: Home F (Card Swipe Manual Key Ei Card Present Mail Order/Tele Internet Total =	#Years: Phone:) //MasterCard Sales Profile //MasterCar					
2. Residence Address: City: US Government Issued ID#: Type of ID: Expiration Date mm/dd/yyyy Business Profile Type of Ownership: Sole Proprietor Assoc/Estates/Trusts Joint Ventu Corporation (Privately Traded) Corporation (Publicly Traded) Medica Partnership Tax Exempt Org Single Member LLC Multi Member I Limited Partnership Political Org Other Type of Goods or Services Sold: I Limited Partnership Political Org Other Type of Goods or Services Sold: I Limited Partnership I Political Org Other Type of Goods or Services Sold: I Limited Partnership Political Org Other Type of Goods or Services Sold: I Limited Partnership Political Org Other Type of Goods or Services Sold: I Limited Partnership Political Org Dother Type of Goods or Services Sold: I Name of Current Political Org Political Sold Sold Below filed Pyes Date: ate: Date: Date: D	Country of Cit Government or Legal Corp LC Civic Assoc Contact: Kat Cruz Contact: Kat Cruz Contact: Same Lynch SRepiesentative	State: izenship (if not Us): Sales Profi Merchant Type: Retail Restaurant Lodging Service Internet Home Based Other Other	Zip: Home F (Discover/.Visa Be Accurate; Card Swipe Manual Key E: Card Present Mail Order/Tele Internet Total = ne #: 2) 792-66 ne #: 3) 655-56	#Years: Phone:) /MasterCard Sales Profile /MasterCard Sales Profile // // // // // // // // // /					
2. Residence Address: City: US Government Issued ID#: Type of ID: Expiration Date mrn/dd/yyyy Business Profile Type of Ownership: Sole Proprietor Assoc/Estates/Trusts Joint Ventur Corporation (Privately Traded) Corporation (Publicly Traded) Medical Partnership Tax Exempt Org Single Member LLC Multi Member I Limited Partnership Political Org Other Type of Goods or Services Sold: Itate th whitening Do you currently accept Discover®/Msa/Mastercard? Yes No If yes, you should submit oursel months' statements) Has Merchant or any associated principal disclosed below filed Yes Date: bankruptcy or been suject to Involuntary bankruptcy? Business Trade Suppliers — List Two Name: Address: Rapid Color Printing 6445 Karms Park Ct, Las Vegas Name: Address: Address: Werifi 8391 Beverly Blvd., Box #310, LA, CA Merchant Location: Retail Location with Store Front Office Building Office Buildin	Country of Cit Government or Legal Corp LC Civic Assoc Contact: Kat Cruz Contact: Kat Cruz Contact: Same Lynch SRepiesentative	State: izenship (if not Us): Sales Profi Merchant Type: Retail Restaurant Lodging Service Internet Home Based Other Other	Zip: Home F (Discover/.Visa Be Accurate; Card Swipe Manual Key E: Card Present Mail Order/Tele Internet Total = ne #: 2) 792-66 ne #: 3) 655-56	#Years: Phone:) //MasterCard Sales Profile //MasterCar					
2. Residence Address: City: US Government Issued ID#: Type of ID: Expiration Date mm/dd/yyyy > Business Profile Type of Ownership: Sole Proprietor Assoc/Estates/Trusts Joint Venture Corporation (Privately Traded) Corporation (Publicly Traded) Medical Partnership Tax Exempt Org Single Member LLC Multi Member I In Limited Partnership Political Org Other Type of Goods or Services Sold: SIC Code: SIC	Country of Cit e Government or Legal Corp LC Civic Assoc Contact: Kat Cruz Contact: Shane Lynch as Representative internet Residence are Footage; G-256 appear consistent w	State: izenship (if not Us): Sales Profi Merchant Type: Retail Restaurant Lodging Service Internet Home Based Other Other	Zip: Home F (Discover/.Visa Be Accurate; Card Swipe Manual Key E: Card Present Mail Order/Tele Internet Total = ne #: 2) 792-66 ne #: 3) 655-56	#Years: Phone:) /MasterCard Sales Profile //MasterCard Sales					
2. Residence Address: City: US Government Issued ID#: Type of ID: Expiration Date mm/dd/yyyy Business Profile Type of Ownership: Sole Proprietor Assoc/Estates/Trusts Joint Ventus Corporation (Privately Traded) Corporation (Publidy Traded) Medical Partnership Political Org Other Type of Goods or Services Sold: SIC Code: Type of Ownership Political Org Other Type of Ownership Org Org Org Other Type of Ownership Political Org Other Type of Ownership Org Org Org Other Type of Ownership Org Org Org Other Type of Ownership Org Org Org Org Org Other Type of Ownership Org Org Org Org Org Other Type of Ownership Org Org Org Org Org Other Type of Ownership Org	Country of Cit Government or Legal Corp LC Civic Assoc Contact: Kat Cruz Contact: Shane Lynch Residence lare Footage: 0-250 appear consistent w Landlord Na	State: izenship (if not US): Sales Profi Merchant Type: Retail Restaurant Lodging Service Internet Home Based Other Other Other Other Other Other	Zip: Home F (Discover/.Visa Be Accurate; Card Swipe Manual Key Ei Card Present Mail Order/Tele Internet Total = ne #; 2) 792-6: ne #; 3) 655-6; di-2,000 □ ; siness? □ Y	#Years: Phone:) /MasterCard Sales Profile /MasterCard Sales Profile /MasterCard Sales Profile /MasterCard Sales Profile // 100 %					
2. Residence Address: City: US Government Issued ID#: Type of ID: Expiration Date mm/dd/yyyy Business Profile Type of Ownership: Sole Proprietor Assoc/Estates/Trusts Joint Venture Corporation (Protectly Traded) Corporation (Publicly Traded) Medical Partnership Tax Exempt Org Single Member LLC Multi Member I Limited Partnership Political Org Other Type of Goods or Services Sold: Leath whitening Do you currently accept Discover@Misa/Mastercard? Name of Current Polytes in No ### Merchant or any associated principal disclosed below filed No ### Members I Single Member LLC Multi Member I We in No ### Merchant or Single Member LLC Multi Member I Type of Goods or Services Sold: Leath whitening Do you currently accept Discover@Misa/Mastercard? No ### No ### Merchant or any associated principal disclosed below filed Nember I ### Merchant or any associated principal disclosed below filed New Date: ### Dat	Country of Cit e Government or Legal Corp LC Civic Assoc Contact: Kat Cruz Contact: Shane Lynch as Representative Internet Residence are Footage: G-250 appear consistent w	State: izenship (if not US): Sales Profi Merchant Type: Retail Restaurant Lodging Service Internet Home Based Other Oth	Zip: Home F (Discover/Visa Se Accurate; Card Swipe Manual Key E: Card Present Mail Order/Tele Internet Total = ine #; 2) 792-6: ine #; 3) 655-5; iness? \[\]	#Years: Phone:) /MasterCard Sales Profile /MasterCard Sales Profile // // // // // // // // // /					
2. Residence Address: City: US Government Issued ID#: Type of ID: Expiration Date mrn/dd/yyyy Business Profile Type of Ownership: Sole Proprietor Assoc/Estates/Trusts Joint Ventus Corporation (Privately Traded) Corporation (Publicly Traded) Medical Partnership Tax Exempt Org Single Member LLC Multi Member I Limited Partnership Political Org Other Type of Goods or Services Sold: Itation Williams Silc Code: Type of Goods or Services Sold: Itation Williams Silc Code: In Mame of Current Poly Yes Date: Do you currently accept Discover® Miss/Mastercard? In Yes Date: Do you currently accept Discover® Incipal disclosed below filed Yes Date: Do you currently associated principal disclosed below filed Yes Date: Dankruptcy or been suject to Involuntary bankruptcy? Business Trade Suppliers — List Two Name: Address: Rapid Color Printing 6445 Karms Park Ct, Las Vegas Name: Address: Rapid Color Printing 6445 Karms Park Ct, Las Vegas Name: Address: Werifi 8391 Beverly Blvd., Box #310 , LA, CA Merchant Site Survey Report — To Be Completed by Sal Merchant Location: Residential Sql Does the amount of inventory and merchandise on shelves and floor if No, explain: The Merchant: Owns Leases the Business Premises Further Comments by inspector (Must Complete) Thereby verify that this application has been fully completed by merchant the merchant at this address and the information stated above is true Verified and Inspected by: Office #: Rep	Country of Cit e Government or Legal Corp LC Civic Assoc Contact: Kat Cruz Contact: Shane Lynch as Representative Internet Residence are Footage: G-250 appear consistent w	State: izenship (if not US): Sales Profi Merchant Type: Retail Restaurant Lodging Service Internet Home Based Other Oth	Zip: Home F (Discover/.Visa Be Accurate: Card Swipe Manual Key Ei Card Present Mail Order/Tele Internet Total = Internet 3) 792-6 ine #: 3) 655-5 spected the b ge and belief	#Years: Phone:) /MasterCard Sales Profile /MasterCard Sales Profile // // // // // // // // // /					
2. Residence Address: City: US Government Issued ID#: Type of ID: Expiration Date mrn/dd/yyyy Business Profile Type of Ownership: Sole Proprietor Assoc/Estates/Trusts Joint Ventus Corporation (Privately Traded) Corporation (Publidy Traded) Medical Partnership Tax Exempt Org Single Member LLC Multi Member I Limited Partnership Political Org Other Type of Goods or Services Sold: Itateth whitening Do you currently accept Discover®/Visa/Mastercard? Name of Current Poly No (I yes you should submit a current months' statements) Has Merchant or any associated principal disclosed below filed No No Name: Address: Rapid Cotor Printing Address: Rapid Cotor Printing F445 Karms Park Ct, Las Vegas Name: Address: Rapid Cotor Printing F445 Karms Park Ct, Las Vegas Name: Address: Verifi 8391 Beverly Blvd., Box #310 , LA, CA Merchant Location: Retail Location with Store Front Office Building Commercial Commercial Industrial Residential Square Zaned: Residentia	Country of Cit Government or Legal Corp LC Civic Assoc Contact: Kat Cruz Contact: Shane Lynch as Representative Internet Residence lare Footage: 0-25t appear consistent w Landlord Na It applicant and that and correct to the b	State: izenship (if not US): Sales Profi Merchant Type: Retail Restaurant Lodging Service Internet Home Based Other Other Other Other I have physically interest of my knowled Representative X	Zip: Home F (Discover/.Visa Be Accurate: Card Swipe Manual Key Ei Card Present Mail Order/Tele Internet Total = Internet 3) 792-6 ine #: 3) 655-5 spected the b ge and belief	#Years: Phone:) //MasterCard Sales Profile //MasterCar					

PX17 Attachment O-4

	MERCH	ANT APPLICATION			•
CardFlex.	Merchant	New Locatio		al Location Mesa, CA 92626	
By checking yes and signi	Merchant Accep	www. ots GreenSuite – DonateW	cardflexnow.com	No	terms and conditions
No Rusiness Information No	te: Your Business Legal Name an ur SS4-Employer Identification Nu	d Tax ID Number must be el imber (EIN) letter to avoid fe	ntered exactly as it ap	pears on your Income Tax Iding by the IRS.	
Desert Gecko, LLC	tax return).	Todays White	ning Trend		
Legal Address: 1 E. Washington St., Ste. 300, P		1 E. Washingt	Address (No P.O. Bo on St., Ste. 300	×):	
City: Phoenix	State: Zip: AZ 85004	City: Phoenix		State:	Zip: 85004
	n Austin	DBA Phone #: (800) 630-6		ax #: 303) 530-0774	
Must Choose One Mailing Address: E. DBA Address ✓ Legal Address Sã	Mail Address: arah@todayswhiteningt	Website Address rend www. todayswhit			
	cations Years In Busines		usiness 1		-
Place of Legal Formation: Arizona	3		ary Business Oper		
Bank Reference: First Bank		Contact:	Phone (303	#:) 530-1000	
▶ Owners or Officers – Individu					
Name: 1. Sarah Austin	Title: Manager	Date of Birth:	Applic	ant's SS #: % Equ	ity Ownership: 80
Residence Address:	City:		State:	Zip:	# Years: 10
US Government Issued ID#: Type	of ID: Exciration D	ate: Country of Cit	izenship (if not US):	Home Phone:	
Name: 2.	Title:	Date of Birth:	Applic	ant's SS #: % Equ	ity Ownership:
Residence Address:	City:		State:	Zip:	# Years:
US Government Issued ID#: Type	of ID: Expiration D mm/dd/yy		izenship (if not US):	Home Phone:	
▶ Business Profile			▶ Sales Profi		
Type of Ownership: Sole Proprietor A Corporation (Privately Traded) Corporation (Privately Traded) Corporation (Privately Traded) Since Partnership Tax Exempt Org Since Limited Partnership Political Org	ration (Publicly Traded)	dical or Legal Corp	Merchant Type: Retail Restaurant	Discover/.Visa/MasterC Be Accurate: Card Swipe	ard Sales Profile
Type of Goods or Services Sold:	SIC Code:		Lodging	Manual Key Entry with	Imprint,
teeth whitening Do you currently accept Discover®/Visa/Masterca	rd? Name of Curre	nt Processor:	☐ Service ☐ Internet	Card Present	%
☐ Yes ☑ No (If yes, you should submit 3 current months' statements.)			☐ Home Based	Mail Order/Telephone Internet	100 %
Has Merchant or any associated principal disclose bankruptcy or been suject to involuntary bankrupt	4-4		☐ Other	Total =	100 %
▶ Business Trade Suppliers –	List Two				
Name: Address Rapid Color Printing 6445 Karr		Contact:		one #:	
Name: Addres	ns Park Ct, Las Vegas	Kat Cruz Contact:	(70 Pho	02) 792-6055 one #:	
	erly Blvd., Box #310, LA,	CA Shane Lynch	(32		
	Store Front Office Building	☐ Internet ☐ Residence			
Does the amount of inventory and me	Industrial	Square Footage: 0-250 0or appear consistent v		01-2,000	No
If No, explain:	Leases the Business Premi		ame & Phone #:		
Further Comments by inspector (Must		ses Landiord Na	anie a Prione #:		
I hereby verify that this application has the merchant at this address and the i	been fully completed by men	chant applicant and that	I have physically in	rspected the business	premises of
Verified and Inspected by:		Representative #:	Representative		Date:
X	-		X		

White Copy - Bank • Pink Copy - Merchant

Rev2. 09/25/13 Page 1 of 13

EUREKA payment	1
payment	S

EUREKA PAYMENTS 515 J Street, Suite C Eureka, California 95501

NEW ACCOUNT
ADDITIONAL LOCATION
ADDITIONAL ACCOUNT
OWNERSHIP CHANCE

MERCHANT APPLICATION

paymen	r.	Tel: 877-476-0570 ADDITIONAL ACCOUN Fax: 707-476-0574 OWNERSHIP CHANGE					Eureka P for We	ayments is a estamerica B	registe ank, Sa	ered ISO/MSP anta Rosa, CA	
FFICE USE ONLY											
APPLICATION DATE OFFI	CE				OMAHA	NAS	HVILLE	BUYPAS	NORTH		PAYMENTECH
BUSINESS INFORMATION											
AS IT APPEARS ON TAX RETURN MINT House, L	LC			DBA (SHOWN ON CARD	OHOLDER ST	TATEMENT)	First	Class V	Vhitening	Proc	ducts
MAILING ADDRESS 9233 Park Meadow	s Drive)		PHYSICAL STREET ADD (NO P.O. BOX)	RESS 9	233	Park N	/leadov	vs Drive		
Lone Tree)124	Lone T	ree			S	CO	^{ZIP} 80	124
CONTACT PERSON Danielle Foss	NUMBE	R OF LOCATIONS 1		PHONE # 303-	827-2	2480		FAX# 3	03-530-	0771	
email address danielle@firstclasswh	nitening	products.	com	WEBSITE ADDRESS	ww.	firstc	lasswl		products		1
FEDERAL TAX ID NUMBER (NO DASHES) MUST EXACTLY MATCH TAX RETURN				YEARS IN BUSINESS 3.5			[□] 3.5		OF PRIMARY OPERATIONS U		
goods or services provided at home teeth	whiteni	ng			В	USINESS H	DURS 7-7	STATE OF FORMATH	LEGAL Color	ado	
OWNERS OR OFFICERS (Tot	al owner	ship below	must be equa	al to or great	ter tha	ın 51%	5)				
NAME (PRINCIPAL 1) Danielle Foss		™ Man	ager	DATE OF BIRTH			SSN			OWNERSHI	₽% 80
RESIDENCE ADDRESS			TY				STATE	ZIP		# OF YEARS	6mos
US GOVERNMENT ISSUED ID#		STATE ISSUED	EXPIRA DATE	TION	F NO	ZENSHIP DT U.S.A.		HOME	PHONE #		
NAME (PRINCIPAL 2)		TITLE		DATE OF BIRTH			SSN -			OWNERSHI	P%
RESIDENCE ADDRESS		Cr	TY				STATE	ŻIP		# OF YEARS	S
US GOVERNMENT ISSUED ID#		STATE ISSUED	EXPIRA DATE	TION	CITIZ IF NO	TENSHIP DT U.S.A.		HOME	PHONE #		
REFERENCES											
™ First Bank of Boulder		ACCOUNT #			PHONE #	303-	·530-	1000	CONTACT		
TRADE Sunshine Health		ACCOUNT#					493-5		CONTACT Ra	lph M	lorton
TRADE Verifi		ACCOUNT#	- J		PHONE # 323-655-5789 CONTACT Shane Lyn						
BUSINESS PROFILE				SALES P	ROF	ΙLΕ					
TYPE OF OWNERSHIP Corporation Sole Pro		=]LLP	MERCHA			VISA,		CARD, DISC		NETWORK
Partnership Public Se	ector 🔲	Non-Profit [Other	Retail Restaurant			CARD S		ALES PROF	ILE	%
HAVE YOU ACCEPTED Y YES NO	UNDER WHAT	Mindilla	110	Lodging			MANUAL CARD PI		ITH IMPRINT		%
HAVE YOU ACCEPTED TYES NO CREDIT CARDS BEFORE? If Yes, please attach statements. CURRENT/PREVIOUS PROCESSOR NAME RMS, USMS		Mint Hou		Service Internet			MAIL OR	DER / TELEF	HONE ORDER		%
PROCESSOR NAME KWIS, USWS Has Merchant or any associated Principal disclosed above fit bankruptcy or been subject to involuntary bankruptcy?		WITH EXPLANATION		Home Base	d		INTERN	ET			100 %
				Other			TOTAL				100 %
REQUESTED PROCESSING	PARAN	AVERAGE TICKET				Lugur	DT TIONET				
50,000		AMOUNT .	55.00			AMOU	ST TICKET NT	129.99			
CARD SERVICES REQUEST	ED.										
CARD TYPES		TO ORDER	QUALIFIED RATE	AUTHORIZATIO	ON FEE	PER-ITI	EM FEE	ADDI	TIONAL INF	ORMA	TION
Visa, MasterCard and Discover Network – CREDIT	√ Yes	☐ No	2.49 %	\$		\$			ange Pass Th		☐ ERR
Visa, MasterCard and Discover Network - DEBIT	√Yes	No	2.49 %	\$		\$		Interch	ange Pass Thi	rough	ERR
Debit Networks (PIN-based)	Yes	No	%	\$		\$	$\neg \uparrow$	DO NO	T Pass Throu	gh Debit I	Network Fees
nerican Express	Yes	☐ No	Set by Amex	Same as Visa	a/MC	\$	E	XISTING AMEX			
Wright Express and Voyager Fleet Cards	Yes	No No	Set by WEX/VOY	\$ 0.20		\$		WEX Requir	es an Additional	Separate A	greement
Electronic Benefits Transfer (EBT)	Yes	☐ No	0.00 %	\$		\$		EBT Require	es an Additional S	eparate Ag	greement
WAB_MerchantApp 2013/04r9			Page 1	of 2					7	\mathcal{A}	

Page 1 of 2

Merchant Initials: _



MERCHANT APPLICATION AND AGREEMENT



A CAT COMMITTED TO SEASON							
Sales Partner ID#: 1276	Repre	sentative Name:		R	epresentativ	ve ID#:	
☑ New Account ☐ Additional	Location Ma	in Location MID				-	
1. BUSINESS INFORMATION							
	□Public Cor	p. □Private Corp.	BLLC/LLP □No	on-Profit Stat	te Filed:		
Business Name (DBA – doing business a		p. 2a.a co.p.	Legal Business Name				
Just Youthful Effects	3).		Three Lakes, I				
			Tillee Lakes, L			(Pa	
Business Address (No P.O. Box)	Biologic State at	S96,	Mailing Address:	Samuels@बंबा]	ng, morns	(((0))	
200 S Virginia St 200 S Virginia St 200 S Virginia St							
City	State	ZIP	City		State	ZIP	
Reno	NV	89501	Reno		NV	89501	
Telephone	Facsimile		Telephone		Facsimile		
800-646-4631 x			800-646-4631 x				
Business Start Date (MM/YY)	Number of Lo	ocations	Federal Tax ID	1	ervice Telepho	ne	
6/24/2014				800-646-			
Contact Person		Contact E-Mail:		Web Site Ad			
Christopher Poole		chris@threelakesllc.c			outhfuleffe		
Description of Products/Service:	- 1	Holder Descriptor (21 Charac	, , ,	currently accept Visa			
Beauty		YouthfulEffects	□Yes	☑No (if yes, atta	cn 3 months re	ecent statements)	
Has the business or any Associated Princ			Has Merchant or any	Associated Principal	disclosed abo	ve filed for bankruptcy or	
Visa/MasterCard/Discover Network Merch If Yes, please provide date:	nant? ∐No	⊔Yes	been subject to an inv □No □Yes	voluntary bankruptcy	•		
Do you have a refund policy for Visa/Mas	terCard/Discov	er/American Express Network		in writing that is obvio	us to the card	holder/customer?	
■Yes □No Please describe refund po	olicy, Credit Re	fund					
2. OWNERS/OFFICERS (Must ref	lect owners						
Name Christopher Design		Title		Equity / Own 80.00	ership %		
Christopher Poole Date of Birth		Owner Driver's License Number /	State	Social Secur	ity Number		
		Sinci o Elocitos manipor i	otato	- Coolai Coolai	No individual		
Home Address		City / State / ZIP		Home Telep	hone		
_							
Name		Title		Equity / Own	ership %		
Date of Birth		Driver's License Number /	State	Social Secur	ity Number	44.4	
Home Address		City / State / ZIP		Home Telepi	hone		
3. PROCESSING VOLUME (Visa*	MasterCar	d [®] and Discover [®] Netwo	rk)				
Average Ticket	, master car		ket Amount		Average Mo	onthly Volume	
\$ 40.00		1 🛦		\$ 35,000.00			
40.00		^{\$} 130.00		35,00	JU.UU		
Percent of Business (MUST =	100%)			thod (MUST = 100			
0.00 % Card Swiped		0.00 % Store F		100.00		Services	
% Keyed with Imprint 100.00 % Keyed without Imprin	nt	% Trade \$		0.00	% MOTO	(Mail/Telephone order)	
List ALL third parties who have acce					70 Julei, 8	poony.	
TRADE REFERENCES	aa to caturio	uei data.					
Trade Name Verifi		Company		Telephone	5790		
Bank Name		Company		323-655- Telephone	5769		
5 RANKING INCORMATION		*** A TT A CH. A VOIDE	CHECK-EBOM-	COUNT			
5. BANKING INFORMATION Banking Contact		***ATTACH A VOIDE	Bank Telephone	COUNT			
GUARANTY BANK AND TRUST CO	MPANY		800-869-3557 x				
Routing Number 102000966			Account Number 4000562925				
6. ASSOCIATION DISCLOSURE (Member Bank: Woodforest National Bank, P.O. Box 8339, The Woodlands, TX 77380 (800) 327-0093 Merchant understands and agrees to the following language regarding responsibilities: (1) A VISA member is the only entity approved to extended acceptance of VISA products directly to a merchant. (2) A VISA member must be a principal (signer) to the Merchant Agreement. (3) Woodforest National Bank is responsible for all funds held in reserve that are derived from settlement. (5) Woodforest National Bank is responsible for elidentiational operating Regulations with which merchants unstrained to the merchant (4) Moodforest National Bank is responsible for educating merchants on periment VISA International Operating Regulations with which merchants must comply. Merchant Responsibilities: (1) Ensure compliance with cardholder data security and storage requirements. (2) Maintain fraud and chargebacks below thresholds. (3) Review and understand the terms of the Merchant Agreement. (4) Comply with VISA International Operating Regulations. (You may download "VISA Regulations" from VISA's website at: http://usa.visa.com/merchants/operations/op_regulations.html. You may download "MasterCard Regulations" from MasterCard's website at: http://www.mastercard.com/us/merchants/support/rules.html).The responsibilities listed above do not supersede the terms of the Merchant Agreement and are provided to ensure the merchant understands some of the important obligations of each party and that the VISA Member – Woodforest National Bank – is the ultimate authority should the Merchant have any problems. Merchant Signature 209.200.185.180 Merchant Name							
000 to	Christoph	er Poole	Owner			11/2/2015	

Live April 2014

No.

MERCHANT EZ APPLICATION

	Additional Location Yes No Partner Na MID Partner Na								ne APP					APPID								
Name of Account (Doing Busin	Tax Filing !	Tax Filing Name (Same as Legal Name)								Are yo	u a Fo	reign E	Entity?									
Titan White Products	Mint Ho	Mint House, LLC									/es	1	-									
Address (No P.O. Box)	Legal Address																					
9233 Park Meadows Drive										9233 Park Meadows Drive												
City, State/Province, Zip/Postal Lone Tree, CO 80124	City, State/Province, Zip/Postal Code Lone Tree, CO 80124																					
DBA Phone NO.	trieval	Method:		Aail [Fax		Client Contact Phone NO.								Fax f	10.						
				☐ Mail	& EIDS		uto Fax	& EIDS	Danielle Foss 303						27-248	30	₹ 3)3 ;	530)-077	71	
Mailing Name and Address (if o	Website Address www.titanwhiteproducts.com																					
Merchant Customer Service Phone Number	Merchant Email Address danielle@titanwhiteproducts.com																					
							MER	CHAN	IT PROFIL	.E						-						
· =	e Proprietors vate Corporat			nership lic Corpo	_				ny (LLC)] Not	t for Pr	ofit										
Pricing based on: Retail	Mail/Te	lephon	e 🗌	eComm	Basic	✓ e	Comm F	Preferred	d (VBV)	IVR	□R	estauran	nt [Utilitie								
Percent of Business: Card Swiped			%	Mail C	Order/T	elepho	ne		%	% eCommerce					100 % Manual Key E Imprint, Custo						%	
One Time Event: Yes	No Date_				Season	al Sale	s: 🔲 Y	′es ✓	No High \	/olun	ne Mor	nths			Dollar	Volum	e \$ 50	000.0	00			
Describe goods or services sold: at home te	eth whiter	ning	_						When are y	our s	service: vered?	S Withir	1: []	1 Day 🗹	1 Week	□ 30	Days	Oth	er:			
Is merchant currently or has m chargeback or fraud monitorin	erchant previ g program?	iously b If Yes, p	been in blease e	any Caro xpiain.)	Brand	no																
Current PCI DSS Compliance St (Please explain)	atus comp	liant																				
TAXPAYER IDENTIFICATI	ION NO.	□FEI	N 🗆 S	SN 🗆	GST	Numb	er of Lo	cations		Yea	rs in B	usiness			Years O	wned	Busine	s			***************************************	
						1			:	3					3							
NAME (1)	,		Title		NERS	S (Mus	st be a	Majo	rity or Prin	_			₹\$: -						
Danielle Foss									Percenta	ge O	wnersn		% (Email Ad daniell		nwhit	eproc	lucts.	com	I		
Social Security # /Insurance #			Date	of Birth	D	river's l	License	#				Home Pl	none			M	obile P	hone				
Home Address				✓	Own	Citv						Sta	te/Pr	ovince	Zip	/Postal	Code	-	Yea	ars The	ere	
Previous Employment (if less th	an i veer in e	urrent	employ		Rent	Title							1	Have Land		1.			1			
- Tetrous Employment (g) iess en	ian i year iir e	unent	employ	menty		TICIE								How Long	f	l ly	pe of B	usines	5			
NAME (2)			Title	:					Percenta	ge O	wnersh	ip	%	Email Ad	dress							
Social Security # /Insurance #	al Security # /Insurance #			of Birth	D	river's l	License	#	Ho			Home Ph			Mobile			e Phone				
Home Address				Own City									te/Pr	ovince	Zip	/Postal	Code	Years There			ere	
Previous Employment (if less th	an 1 year in c	urrent	employ		Rent	Title								How Long	,	Tv	pe of B	usines	_			
. ,								WINING.					1		· .	,	pcorb	u 3,,,,c3	,			
Bank Name		10	ontact		NKIN	NFOR	MATIO	ON (Pr	Phone NO.		nent /	Accoun	t)		Sau NO							
FirstBank of Boulder			Lonact						(303) 530-1			1000	00			Fax NO.						
Transit # 1	0 7	0	0	2	5	3	2	(Cheri	DDA (<u> </u>									
67					SECO	ND B	ANK		MATION		applic	able)	I									
Bank Name		C	ontact						Phone NO.)	444				Fax NO.)					
Transit # (ABA Routing)								(Check	DDA i													
PREPARED BY FIELD SALES REP	1 !			Em	ail							FIEL	D SA	LES ID								
Prepared by Inside Sales Rep (if applicable)			<u> </u>								INS	IDE S	ALES ID		:					<u>.</u>	
Range #							Во	ok Num	ber		Co	rporate F	ield			Ch	ain#			:		
BMO Harris Bank	N A ®	National	Merchant	s Associatio	n Is a regi	istered 150	0	7 .	<i></i>		i							SEDI-0				